



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:21 am, Nov 10, 201

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 201302	NAME OF AGENCY ST. JOSEPH POLICE DEPARTMENT	DATE OF INSPECTION 11-03-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. JOSEPH		TIME OF INSPECTION 1558

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 11-03-2014 1558
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 oc	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER REPCO MARKETING INC LOT # 13002 EXRDATE 06-19-2015	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 oc SIMULATOR SN SD2278 EXP. DATE 01-02-2015	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 - .097	TEST 2 - .098	TEST 3 .098
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.09) 0	(OVER .19) 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME SCOTT GARY
TYPE & PERMIT NUMBER/EXPIRATION DATE 240301 07-22-2016	TELEPHONE NUMBER 816-271-5359

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 13002
EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 20, 2013
The expiration date for this lot number is June 19, 2015 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
JAILDOGM POLICE DEPARTMENT

THE IDENTIFIED SERIAL NUMBER 201302
11/03/14

PRINTED TIME 13:00
DATE 11/03/14

NAME OF OFFICER SEX: M
STATE ID NO. 037501
JAILDOGM POLICE DEPARTMENT

DATE 11/03/14
TIME 13:00
JAILDOGM POLICE DEPARTMENT
STATE ID NO. 037501
JAILDOGM POLICE DEPARTMENT
DATE 11/03/14
TIME 13:00
JAILDOGM POLICE DEPARTMENT
STATE ID NO. 037501
JAILDOGM POLICE DEPARTMENT

IDENTIFICATION ANALYSIS

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
JAILDOGM POLICE DEPARTMENT

THE IDENTIFIED SERIAL NUMBER 201302
11/03/14

NAME OF OFFICER
STATE ID NO. 037501
JAILDOGM POLICE DEPARTMENT
DATE 11/03/14
TIME 13:00
JAILDOGM POLICE DEPARTMENT
STATE ID NO. 037501
JAILDOGM POLICE DEPARTMENT

IDENTIFICATION ANALYSIS

1300	16:03
VERIFIED	16:03
1397	16:04
1330	16:05
1398	16:05
1390	16:06
1398	16:06
1392	16:07

OPERATOR SIGNATURE

Card Stock No.
021
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

OPERATOR SIGNATURE

Card Stock No.
60021
REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST.

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
JACKSON POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201302
11/03/14
15:58

DIAGNOSTIC CHECK ---

POWER SUPPLY: OKAY

RECEIVER (01-07-0209): OKAY

TRANSMITTER:
RECEIVER: 42C

POWER SUPPLY: OKAY

RECEIVER:
TRANSMITTER: OKAY

POWER SUPPLY: OKAY

RECEIVER: OKAY

TRANSMITTER: OKAY

POWER SUPPLY: OKAY

PRINTER TEST

123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz
0123456789

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
SCOTT GARY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/22/2014

NUMBER 240301

EXPIRES 7/22/2016

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (10-10)

 **STATE OF MISSOURI**
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator GARY, SCOTT
Permit No 240301
Date Issued 7/22/2014 Date Expires 7/22/2016